



TESTIMONY OF

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ST. FRANCIS HOSPITAL
TRINITY HEALTH OF NEW ENGLAND

SUBMITTED TO THE
PUBIC HEALTH COMMITEE

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**HB 5677 An Act Concerning the Availability of Community Violence
Prevention Services Under Medicaid**

Co-Chairpersons Daugherty Abrams and Steinberg, Vice Chairpersons Anwar, Kushner and Gilcrest, my name is Steven Wolf. I am a physician and Chairman of Emergency Medicine at St. Francis Hospital, part of Trinity Health Of New England. I am here today to testify in support of HB 5677.

Trinity Health Of New England includes Saint Francis Hospital and Medical Center and Mount Sinai Rehabilitation Hospital in Hartford, Saint Mary's Hospital in Waterbury, Johnson Memorial Hospital in Stafford Springs and Mercy Medical Center in Springfield, Massachusetts. In addition, our ministry includes physician practices, an ambulatory services networks, home health and post-acute services. We are more than 13,000 health care providers committed to providing compassionate care and improving the health of our community.

Sixteen years ago, St. Francis partnered with Hartford Communities that Care (HCTC) to connect with gunshot victims and their families in our Emergency Room. The goals then and now were to begin the process of healing, to provide support for the family and the victim, and to prevent further violence. In the ER, we were witnessing first-hand the senseless violence being brought about by chronic unemployment-which led to drug dealing and ultimately gang violence. Efforts to intercede evolved into what is known today as the Hartford Care Response Team (HCRT). In 2018 this team became the first member of the National Hospital Violence Intervention Program-a network coordinated by the Health Alliance for

Violence Intervention (the HAVI)- a national organization of hospital-community violence intervener programs which assisted us in providing professional trainings to our team.

Currently, the HCRT responds to our ER 24/7/365 -whenever we have gunshot victims present. They connect with the family and with the victim either in the ER or when stabilized after surgery in the ICU. The members of the HCRT response team also work in the community to reduce the possibility of retribution in the hours and days after the inciting incident. Patients and their families are assisted in navigating the process to obtain funding through VOCA and other financial supports, behavioral health support, and to assure that the medical homecare safety net is in place.

I am proud to say that the Hartford HVIP, the Yale and New Haven HVIP, the emerging Hartford Hospital and CCMC HVIP, and the StreetSafe Bridgeport program are all working together to create a unified, coordinated and professional statewide organized process -which to our knowledge does not yet exist in any state.

In this process, the frontline interveners, in addition to the programmatic experiences they already have, are now provided a 40 -hour course sponsored by the HAVI and will have yearly continuing education requirements, oversight and certification through the state.

All groups are working together to share the same electronic platform called PENELOPE which will standardize the information flow for patients and their families and allow for scientific review of data to help evaluate best practices. Others in their testimony will speak to the science and benefits of this coordinated research.

Passage of HB5677 will create consistency and sustainability (through Medicaid funding) professional violence outreach and support and allow for resources to expand and cover all types of intentional violence (stabblings, blunt trauma) as well as gun- shot wounds much more consistently. With all of the trauma centers in the state cooperating and working together combined with the frontline interveners eventually sharing the same platform, more evidence -based data will be generated to provide best practices statewide and nationally in partnership with the HAVI.

Connecticut has the opportunity to lead the nation by demonstrating what federal and state cooperation can accomplish when our medical institutions, government agencies and multiple community -based support violence intervention organizations all work together. Thank you for your consideration of our position. I do hope that you will view this bill favorably.

Should you have any questions or need additional information, please contact me directly or Dan Keenan, Vice President Advocacy and Government Relations, at dkeen@trinity-health.org.